

**THE PORT AUTHORITY OF NY & NJ**

April 25, 2016

United States Environmental Protection Agency  
Air Compliance Branch  
290 Broadway, 21<sup>st</sup> Floor  
New York, NY 10007-1866

Attn: NESHAP COORDINATOR

Re: LAGUARDIA AIRPORT – HANGAR 7 SOUTH, VACANT OFFICE  
SPACE (BUILD-OUT)

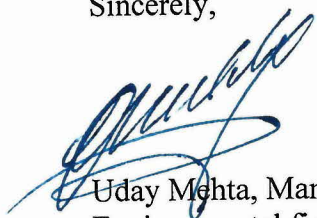
OPERATOR PROJECT #: 217.849

Dear Madam/Sir:

Our NON-RACM courtesy notification for the asbestos abatement work to be done at the above referenced location is attached.

If you have any questions, please contact me at 201-595-4881.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Uday Mehta', is written over the printed name.

Uday Mehta, Manager  
Environmental field Operations  
Construction Management Division

cc: Project File (EPA-2449)  
NON-RACM Notification File

UM/fl

**U.S. Environmental Protection Agency  
Notification of Demolition and Renovation**

<b>Operator Project #:</b> 217.849		<b>Postmark:</b>		<b>Date Received:</b> 04/25/2016		<b>Notification #:</b> EPA-2449	
<b>I. Type of Notification (O=Original R=Revised C=Canceled)</b> O							
<b>II. Facility Information (Identify owner, removal contractor, and other operator)</b>							
<b>Owner Name:</b> THE PORT AUTHORITY OF NY & NJ							
<b>Address:</b> 241 ERIE ST. ROOM 236							
<b>City:</b> JERSEY CITY		<b>State:</b> NJ		<b>Zip:</b> 07310			
<b>Contact:</b> F.DAMBREVILLE, FACILITY SUPERVISOR, ENVIRONMENTAL FIELD OPS		<b>Telephone:</b> 718-533-4053					
<b>Removal Contractor:</b> FIBER CONTROL INC.							
<b>Address:</b> 3010 BURNS AVENUE							
<b>City:</b> WANTAGH		<b>State:</b> NY		<b>Zip:</b> 11793			
<b>Contact:</b> EUGENIA PANTONY		<b>Telephone:</b> 516-781.3000					
<b>Other operator:</b> N/A							
<b>Address:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip:</b>			
<b>Contact:</b>		<b>Telephone:</b>					
<b>III. Type of Operation (D=Demo O=Ordered Demo R=Renovation E=Emergency)</b> D							
<b>IV. Is Asbestos Present? (Yes/No)</b> YES							
<b>V. Facility Description (include building name, number, floor, and /or room number):</b>							
<b>Building Name:</b> LAGUARDIA AIRPORT							
<b>Address:</b>							
<b>City:</b> FLUSHING		<b>State:</b> NY		<b>County:</b> QUEENS			
<b>Site Location:</b> HANGAR 7 SOUTH, SECOND FLOOR, VACANT OFFICE SPACE							
<b>Building Size:</b> N/A		<b># of Floors:</b> 2		<b>Age in Years:</b> 40+			
<b>Present Use:</b> VACANT				<b>Prior Use:</b> OFFICE SPACES			
<b>VI. Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material:</b> BULK SAMPLING WITH TEM ANALYSIS							
<b>VII. Approximate Amount of Asbestos, Including:</b>							
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Non-RACM To Be Removed	RACM to Be Removed	Nonfriable Asbestos Materials Not To Be Removed		Indicate Measurement	
				Cat I	Cat II		
Pipes	ROOF FLASHING, PIPE, FITTINGS	260 LN FT				Lnft:    260	
Surface Area	VAT, DUCT INSULATION	500 SQ FT				Sqft:    500	
Vol RACM Off Facility Component						Cuft:    0	
<b>VIII. Scheduled Dates Asbestos Removal</b>				<b>Start:</b> 05/05/2016		<b>Complete:</b> 11/30/2016	
<b>IX. Scheduled Dates Demo/Renovation</b>				<b>Start:</b>		<b>Complete:</b>	

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**X. Description of Planned Demolition or Renovation Work, and Method(s) to Be Used:**

REMOVAL USING WET METHOD WITH SURFACE AND ISOLATION BARRIERS

**XI. Description of Work Practices and Engineering Controls to Be Used to Prevent Emissions Of Asbestos  
At the Demolition And Renovation Site:**

DUST CONTROL USING WET METHOD ISOLATION AND SURFACE BARRIER, ENGINEERING CONTROL USING VACUUMS EQUIPPED WITH HEPA FILTERS. WET REMOVAL AS PER NEW YORK STATE INDUSTRIAL CODE RULE 56.

**XII. Waste Transporter #1**

**Name:** ASBESTOS TRANSPORTATION COMPANY, INC.

**Address:** 2 MORICHES MIDDLE ISLAND ROAD

**City:** SHIRLEY

**State:** NY

**Zip:** 11967

**Contact:** GARY CRETTEY

**Telephone:** 631-924-5050

**Waste Transporter #2**

**Name:** N/A

**Address:**

**City:**

**State:**

**Zip:**

**Contact:**

**Telephone:**

**XIII. Waste Disposal Site**

**Name:** SOUTHERN ALLEGHENIES LANDFILL

**Location:** CONEMAUGH TOWNSHIP

**City:** DAVIDVILLE

**State:** PA

**Zip:** 15928

**Telephone:** 814-479-2537

**XIV. If Demolition Ordered By a Government Agency, Please Identify the Agency Below**

**Name:**

**Title:**

**Authority:**

**Date of Order:**

**Date Ordered To Begin:**

**XV. For Emergency Renovations**

**Date and Hour of Emergency:**

**Description of Sudden or Unexpected Event:**

**Explanation of How the Event Caused Unsafe Conditions or Would Cause Equipment Damage or an Unreasonable Financial Burden:**

**XVI. Descriptions of Procedures to Be Followed in the Event That Unexpected Asbestos Is Found or Previously Nonfriable  
Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder:**

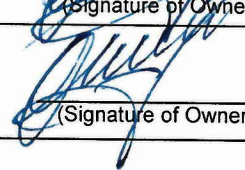
IMMEDIATE ISOLATION OF THE AREA AND ADEQUATE WETTING OF ASBESTOS MATERIAL FOLLOWED BY HEPA VACUUMING AND WET WIPING ALL AFFECTED AREAS

**XVII. I Certify That an Individual Trained in the Provisions of This Regulation (40 CFR Part 61, Subpart M) Will Be On-Site During the  
Demolition or Renovation And Evidence That the Required Training Has Been Accomplished by This Person Will Be Available  
for inspection**

  
(Signature of Owner/Operator)

04-25-16  
(Date)

**XVIII. I Certify That the Above Information Is Correct.**

  
(Signature of Owner/Operator)

04-25-16  
(Date)